

Name
in
Full

Georgia McKenna Bell

CERTIFICATE OF DEATH

Died at <i>Elliott City</i>		Town		<i>Howard</i>		County		MARYLAND				
Date of death	<i>1910</i>	Month	<i>Aug.</i>	Day	<i>11th</i>	Age	<i>41</i>	Years	Months	<i>3</i>	Days	<i>19</i>
Sex	<i>female</i>		Color or Race	<i>White</i>		Birth-place	<i>Wingona Falls Canada</i>					
Occupation	<i>none</i>		Where Residing if not at place of death									
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>J. S. Bell</i>								
Father's Name	<i>George McKenna</i>						Father's Birthplace	<i>Scotland</i>				
Mother's Maiden Name	<i>Annette Burk</i>						Mother's Birthplace	<i>France</i>				
Name of person giving information	<i>J. S. Bell</i>						How related to deceased	<i>Husband</i>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Neurosthenia</i>	How long	<i>Several years</i>
	Immediate	<i>General exhaustion from above</i>	How long	<i>several months</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. Rushmer White</i>
	Address	<i>Elliott City</i>		<i>Med</i>
Accident or Suicide?				



153

Name in Full

Wm Henry Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Guilford ^{County} Howard MARYLAND

Date of death 1910 ^{Month} 8 ^{Day} 10 ^{Age} ^{Years} 2 ^{Months} 1 ^{Days}

Sex male ^{Color or Race} black ^{Birth-place} Md

Occupation Infant ^{Where Residing if not at place of death} Guilford

Married, Single or Widowed single ^{Name of Wife or Husband}

Father's Name John Boston ^{Father's Birthplace} Md

Mother's Maiden Name Grace L. Snowden ^{Mother's Birthplace} Md

Name of person giving information John Boston ^{How related to deceased} father

CAUSES OF DEATH

PHYSICIAN OR CORONER

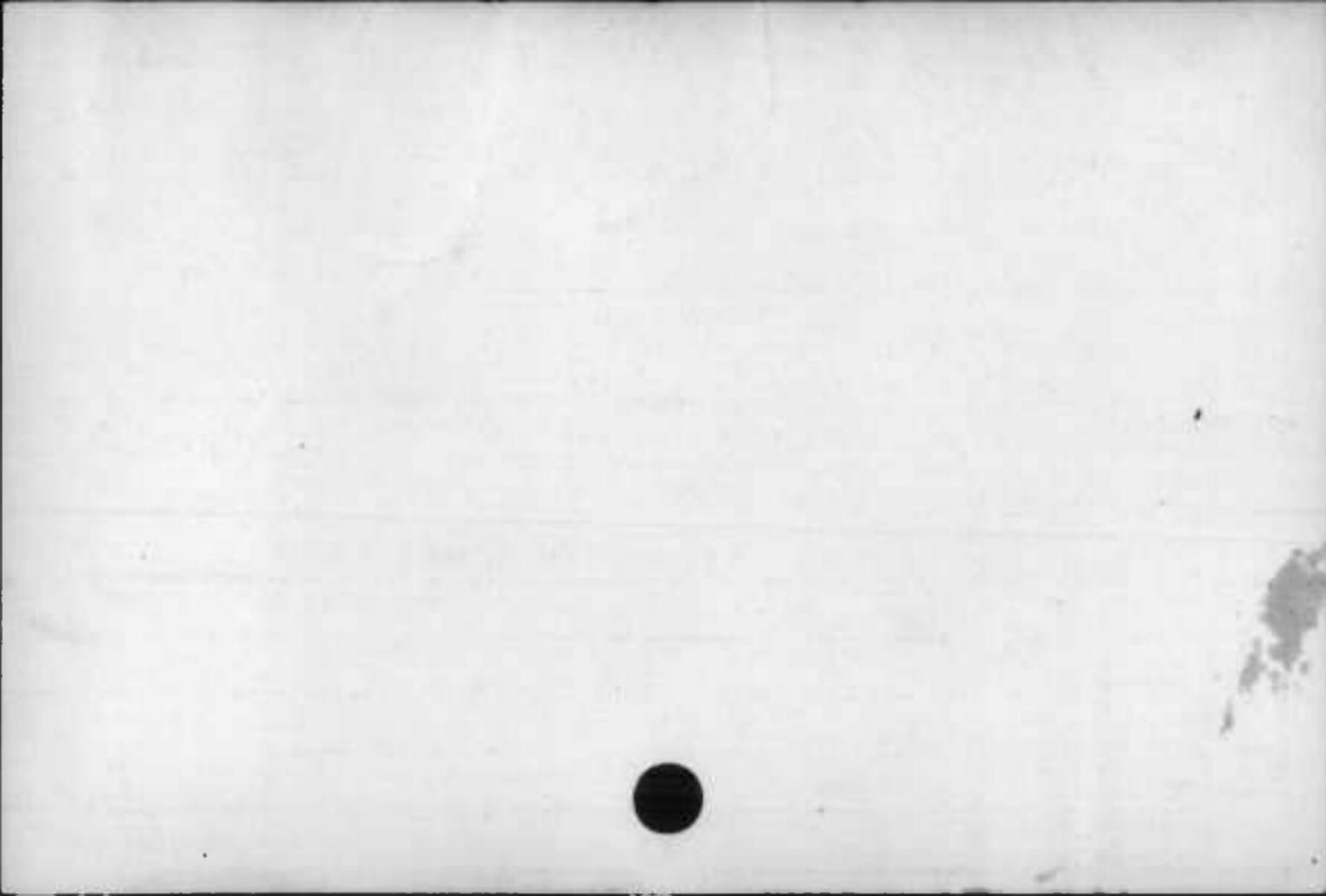
Primary Pertussis ^{How long} 1 week

immediate ^{How long} 5 hrs
 Complication of lungs

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *[Signature]*
 Address *2121 ...*

Accident or Suicide? *no*



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkridge</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>190</i>	Month	<i>Aug</i>	Day	<i>21</i>
Age	<i>None</i>	Years	<i>None</i>	Months	<i>None</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Elkridge</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>Elkridge</i>			
Married, Single or Widowed	<i>Infant</i>	Name of Wife or Husband			
Father's Name	<i>William J. Bauman</i>			Father's Birthplace	<i>Elkridge Md</i>
Mother's Maiden Name	<i>Theresa A. Trainor</i>			Mother's Birthplace	<i>Elkridge Md.</i>
Name of person giving information	<i>William J. Bauman</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Injuries from difficult labor</i>	How long	<i>one hour</i>
	Immediate	<i>same</i>	How long	<i>same</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Arthur Williams</i>
	Accident or Suicide?	<i>no</i>	Address	<i>Elk Ridge Md</i>

W^m B. Brothers

Name in Full

Christina Buetefisch

CERTIFICATE OF DEATH

Died at Elliott City Howard

MARYLAND

Date of death 1900 Aug 21 Age 16 Months 9 Days 00

Sex Female Color or Race White Birth-place Maryland

Occupation School Girl Where Residing if not at place of death Elliott City

Married, Single or Widowed single Name of Wife or Husband none

Father's Name Henry C Buetefisch Father's Birthplace Germany

Mother's Maiden Name Amelia Will Mother's Birthplace Germany

Name of person giving information Henry C Buetefisch How related to deceased Father

CAUSES OF DEATH

Primary Typhoid Fever How long 6 days?

Immediate Toxemia How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. H. Haurice

Address

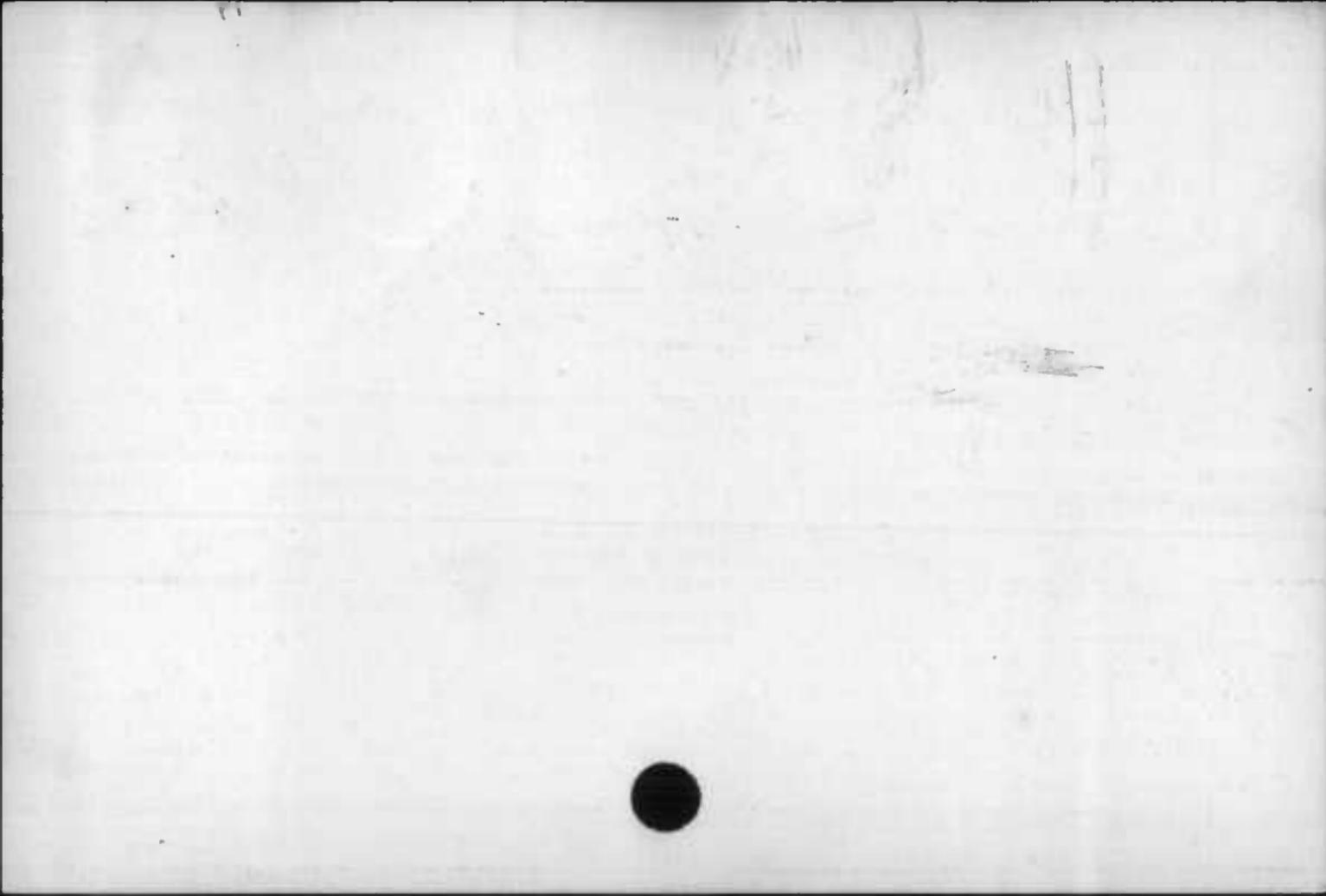
Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

855

Name in Full		Sarah Carter				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Esieford		Howard		MARYLAND			
		Date of death		Month		Day		Age	
		1910		Aug		3 rd		1	
		Sex		Color or Race		Birth-place		Months	
		Female		black		Md		7	
		Occupation		Where Residing if not at place of death		Infant			
Married, Single or Widowed		Name of Wife or Husband		Single					
Father's Name		Father's Birthplace		Eamon H. Carter					
Mother's Maiden Name		Mother's Birthplace		Frances A. Young					
Name of person giving information		How related to deceased		Eamon H. Carter					
		FATHER		Father's					
		MOTHER		Mother's					
		PERSON		How related to deceased					
		CAUSES OF DEATH		81 ✓					
PHYSICIAN OR CORONER		Primary		How long		Pertussis			
		Immediate		How long		Convulsion			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		W. J. Williams			
				Address		Savage Md			
		Accident or Suicide?							



Name
in Full

Lavinia Cromwell

CERTIFICATE OF DEATH

Died at ^{Town} Elk Ridge ^{County} Howard

MARYLAND

Date of death 1960 ^{Month} 8 ^{Day} 23 Age ^{Years} Months 11 Days 14

Sex Female Color or Race Black Birth-place Elk Ridge

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Edward Crumble

Father's
Birthplace

Elk Ridge

Mother's
Maiden Name

Alice Green

Mother's
Birthplace

" "

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Dysentery

How long

10 H
30 Days

Immediate

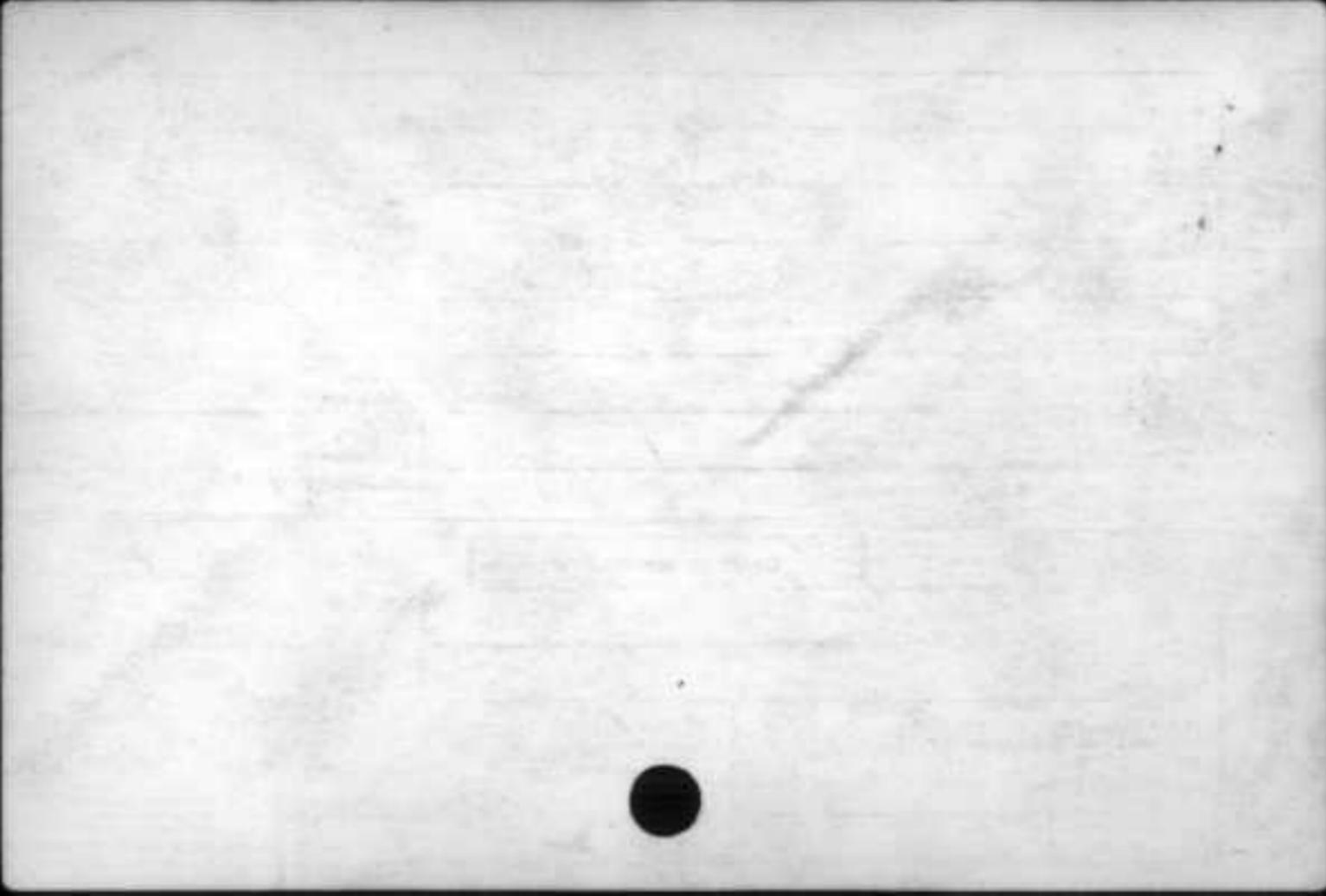
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Hambert Garros
Elk Ridge
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Hazel May Dunkley

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

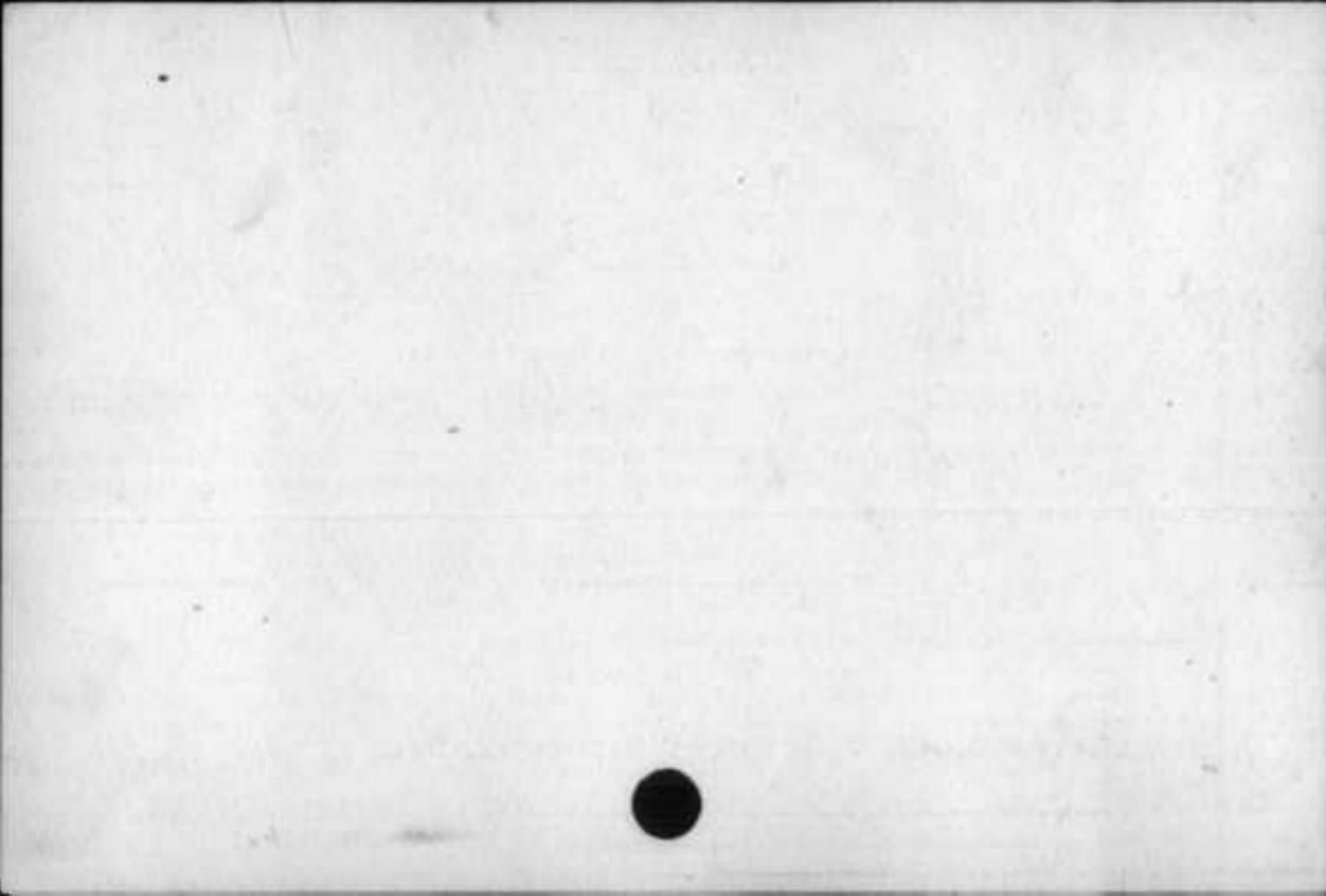
Died at <i>Dorsey</i> Town		<i>Howard</i> County		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>19</i>	<i>8</i>	<i>4</i>	<i>—</i>	<i>—</i>	<i>4</i>
Sex	Color or Race	Birth place			
<i>Female</i>	<i>White</i>	<i>Dorsey Md.</i>			
Occupation	Where Residing if not at place of death				
<i>Infant</i>	<i>—</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Single</i>	<i>—</i>				
Father's Name	Father's Birthplace				
<i>Claude H. Dunkley</i>	<i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Mary E. Litchfield</i>	<i>Maryland</i>				
Name of person giving information	How related to deceased				
<i>Mary E. Dunkley</i>	<i>Mother</i>				

CAUSES OF DEATH

104 ✓

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. A. Hammond</i>
		Address	<i>Jessup, Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

David^{6.}, Charles L. Duwall.
Town County

CERTIFICATE OF DEATH

Died near Lisbon Howard MARYLAND

Date of death 1940 Aug. 31. Age - Months 3. Days 19.

Sex Male. Color or Race White. Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Charles A. Duwall. Father's Birthplace Ind.

Mother's Maiden Name Katie Peugh. Mother's Birthplace Ind.

Name of person giving Information Charles A. Duwall. How related to deceased Father

104 ✓

CAUSES OF DEATH

Primary Entero-colitis How long 5 weeks

Immediate The same. How long _____

Are the name, age, sex, color, data and place correctly given above? as far as I know Signature of Physician J. W. Lacy Address Lisbon Ind.

Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

Bora Alice Eastland

CERTIFICATE OF DEATH

MARYLAND

Died at *Dorsey*

Town

Howard

County

Date of death 19*40* *Aug*

Month

Day

Age

Years

Months

Days

Sex *female*

Color or Race

white

Birth-place:

New Jersey

Occupation

none

Where Residing if not at place of death

Resided at new Providence New Jersey

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name

John V Eastland

Father's Birthplace

new york

Mother's Maiden Name

Matilda C Mc'Dougal

Mother's Birthplace

new york

Name of person giving Information

Mrs John V Eastland

How related to deceased

mother

CAUSES OF DEATH

Primary

Cerebrospinal Meningitis

How long

26 days

Immediate

same

How long

26 days

Are the name, age, sex, color, date and place correctly given above?

yes

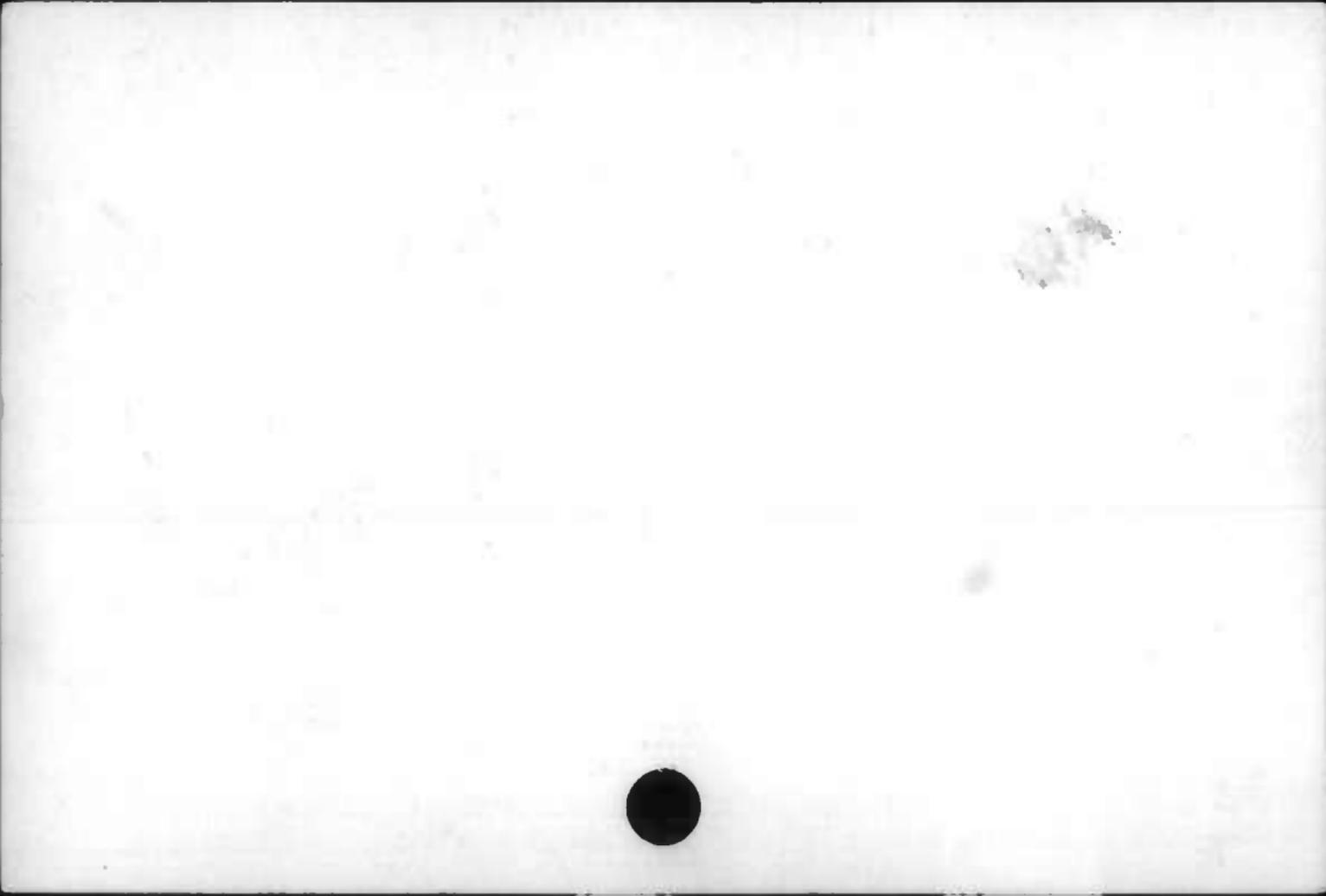
Signature of Physician

Address

*Arthur Williams
ELK Ridge Rd*

Accident or Suicide

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George Washington Fleetwood

CERTIFICATE OF DEATH ✓

Died at ^{Town} Ellicott City ^{County} Howard MARYLANDDate of death 1960 ^{Month} Aug ^{Day} 3 Age ^{Years} 39 ^{Months} — ^{Days} —Sex Male ^{Color or Race} White ^{Birth-place} New JerseyOccupation Weaver ^{Where Residing if not at place of death} Oakland, Carroll County, MdMarried, Single or Widowed Married ^{Name of Wife or Husband} Minnie MarshFather's Name William H Fleetwood ^{Father's Birthplace} MarylandMother's Maiden Name Elizabeth Grader ^{Mother's Birthplace} DelawareName of person giving Information William H Fleetwood ^{How related to deceased} Brother

CAUSES OF DEATH

Primary

How long

Head struck from body by falls.
Immediate and Blunt RR train

How long

175 ✓

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edward A Rodley, Jr.
Ellicott City, Md
Acting Coroner

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mrs. Charles Chapin
Baltimore
Md.

Name
in
Full

Henry Foigt

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

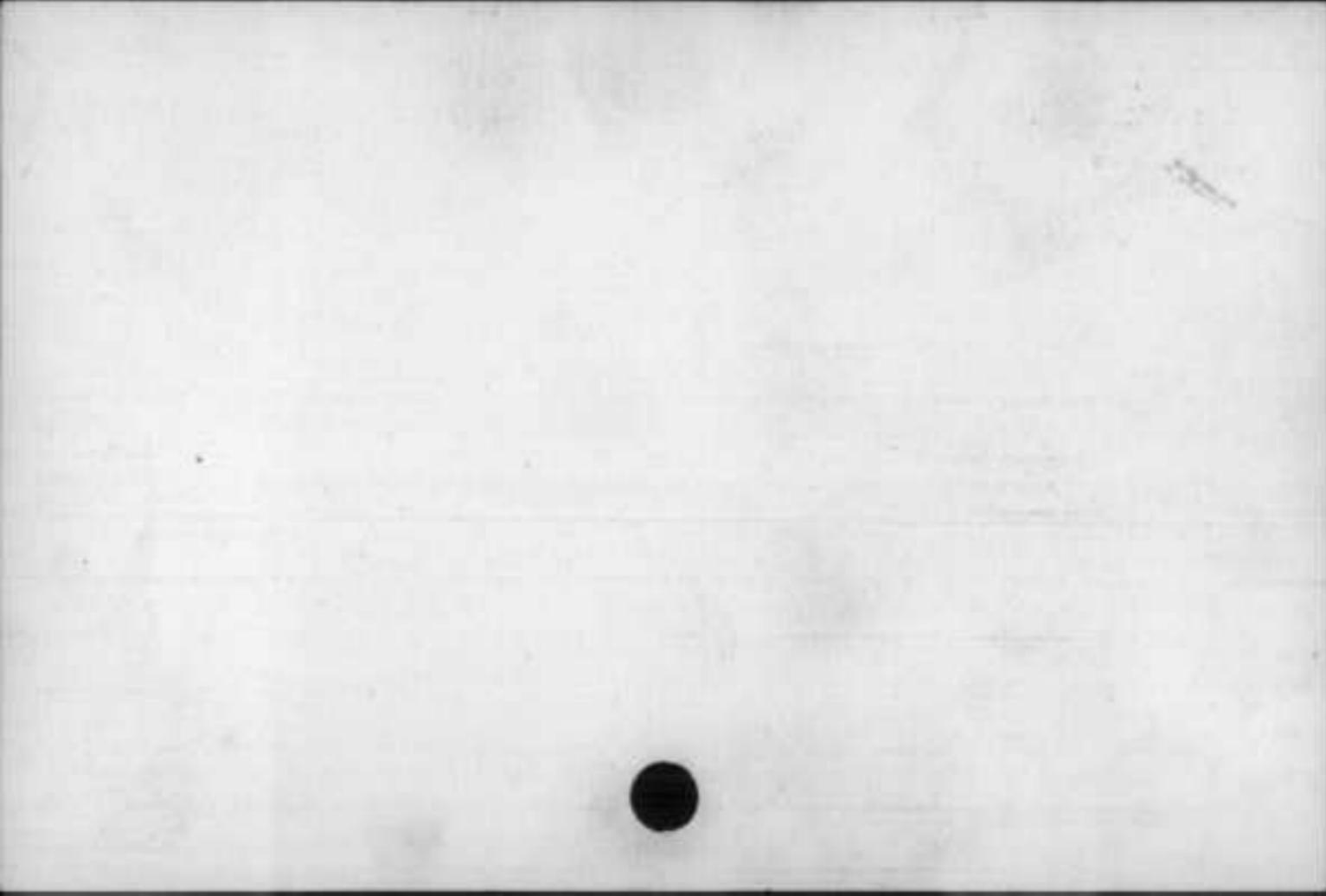
Died at		Elliott City		Howard		MARYLAND	
Date of death		19	Month	Day	Age	Years	Months
		19	Aug	12	55		
Sex		male		Color or Race		White	
Occupation		Sweeper		Where Residing if not at place of death		St Chas. College	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		J. J. Farrell		How related to deceased		Not related	

CAUSES OF DEATH

103 ✓

PHYSICIAN
OR CORONER

Primary		_____	
Immediate		Acute Indigestion	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Edward A. Rodley Jr.	
Address		Elliott City	
Accident or Suicide?		_____	
		Acting Coroner	



Name
in
Full

Dorothy Louise Hipsley

P.S.
CERTIFICATE OF DEATH

Died at

Florence

Town

Howard

County

MARYLAND

Date

of death

1960

Month

8

Day

29

Age

Years

X

Months

6

Days

24

Sex

Female

Color or
Race

White

Birth-
place

Florence

Occupation

Baby

Where Residing if not
at place of death

Florence

Married, Single
or Widowed

—

Name of Wife or
Husband

—

—

Father's
Name

Chas. F. Hipsley

Father's
Birthplace

Montg. Co.

Mother's
Maiden Name

Hattie E. Stallings

Mother's
Birthplace

Fred. Co.

Name of person giving
Information

Hattie E. Hipsley

How related
to decedent

Mother

CAUSES OF DEATH

Primary

Enterocolitis

How long

3 weeks.

Immediate

Exhaustion from above.

How long

. . .

Are the name, age, sex, color, date
and place correctly given above?

As far

Signature of
Physician

J. W. Lacy

as I know.

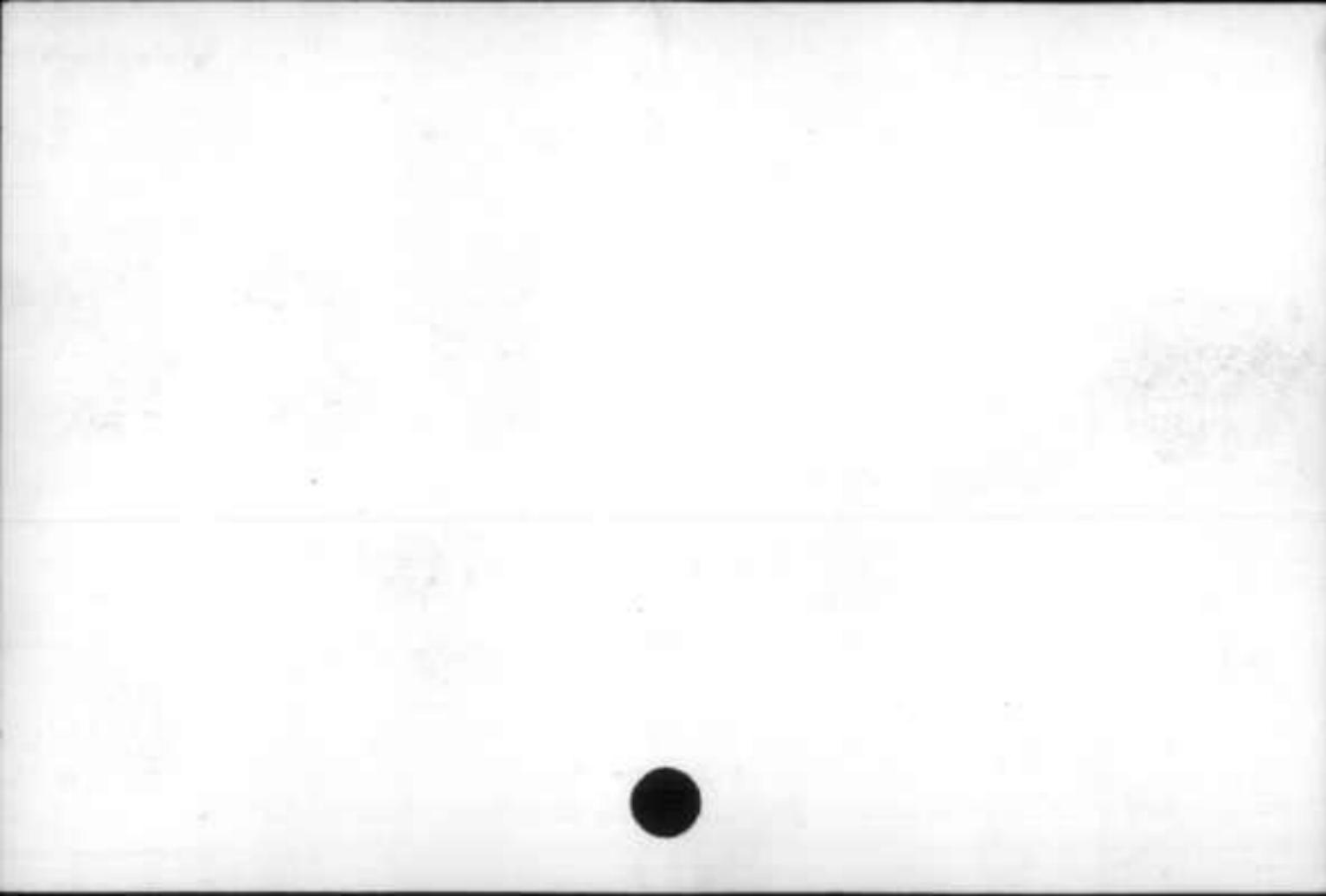
Address

Lisbon

Accident or Suicide

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

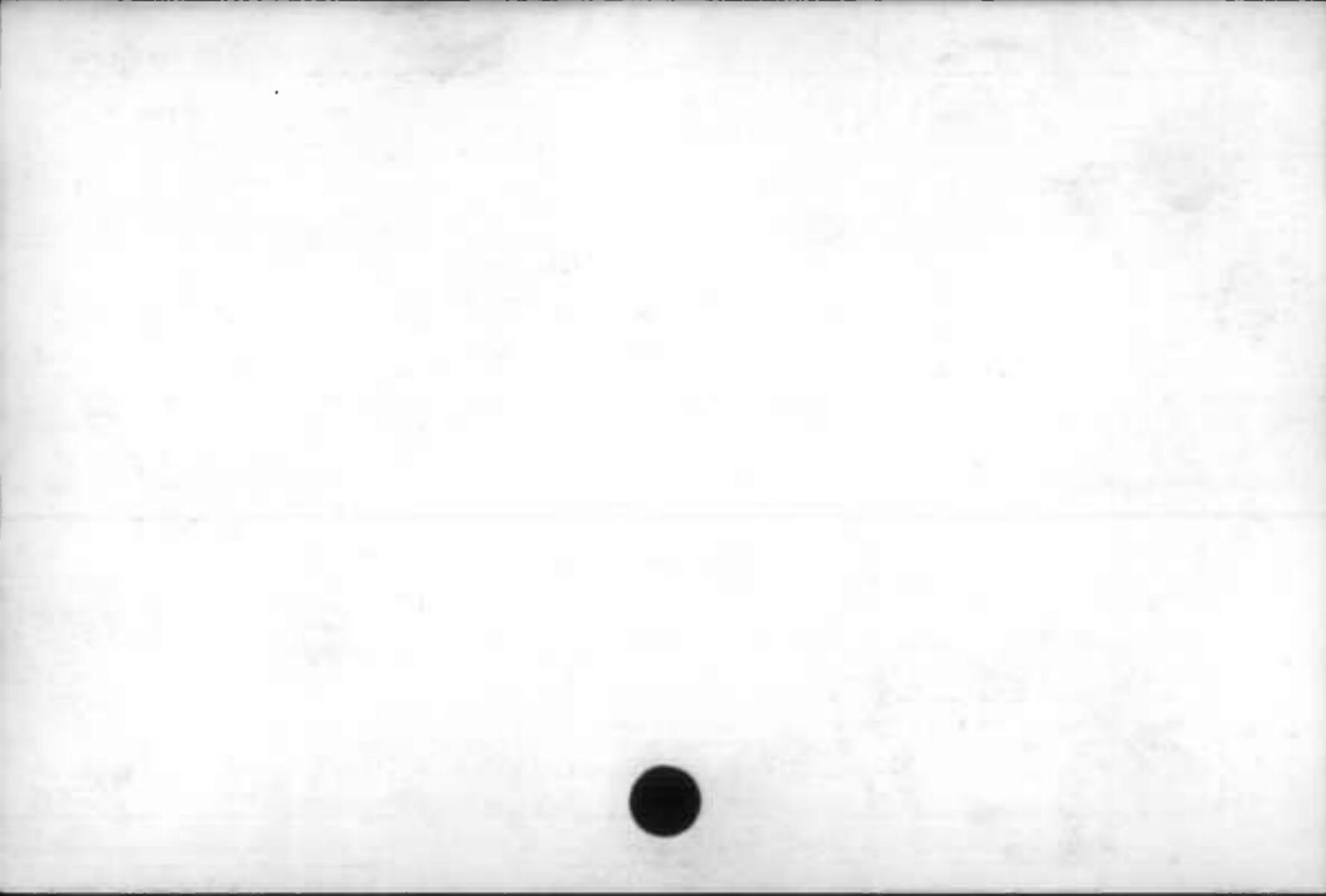
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roughoigan Manor</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908 Aug 9</i>		Month <i>Aug</i>	Day <i>9</i>	Age <i>3</i>	Years <i>3</i>	Months <i>no</i>	Days <i>no</i>
Sex <i>Female</i>	Color or Race <i>colored</i>	Occupation <i>none</i>		Where Residing if not at place of death <i>Roughoigan Manor</i>		Birth-place <i>md.</i>	
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>		Father's Name <i>William Jones</i>		Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Anna Williams</i>		Name of person giving information <i>William Jones</i>		Mother's Birthplace <i>md.</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

Primary	<i>Fall on head</i>	How long	<i>3 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm Blambill</i>	
		Address <i>Belleville City, Md</i>	
Accident <input checked="" type="checkbox"/>			

PHYSICIAN
OR CORONER



Name
In Full

Louisy Leach

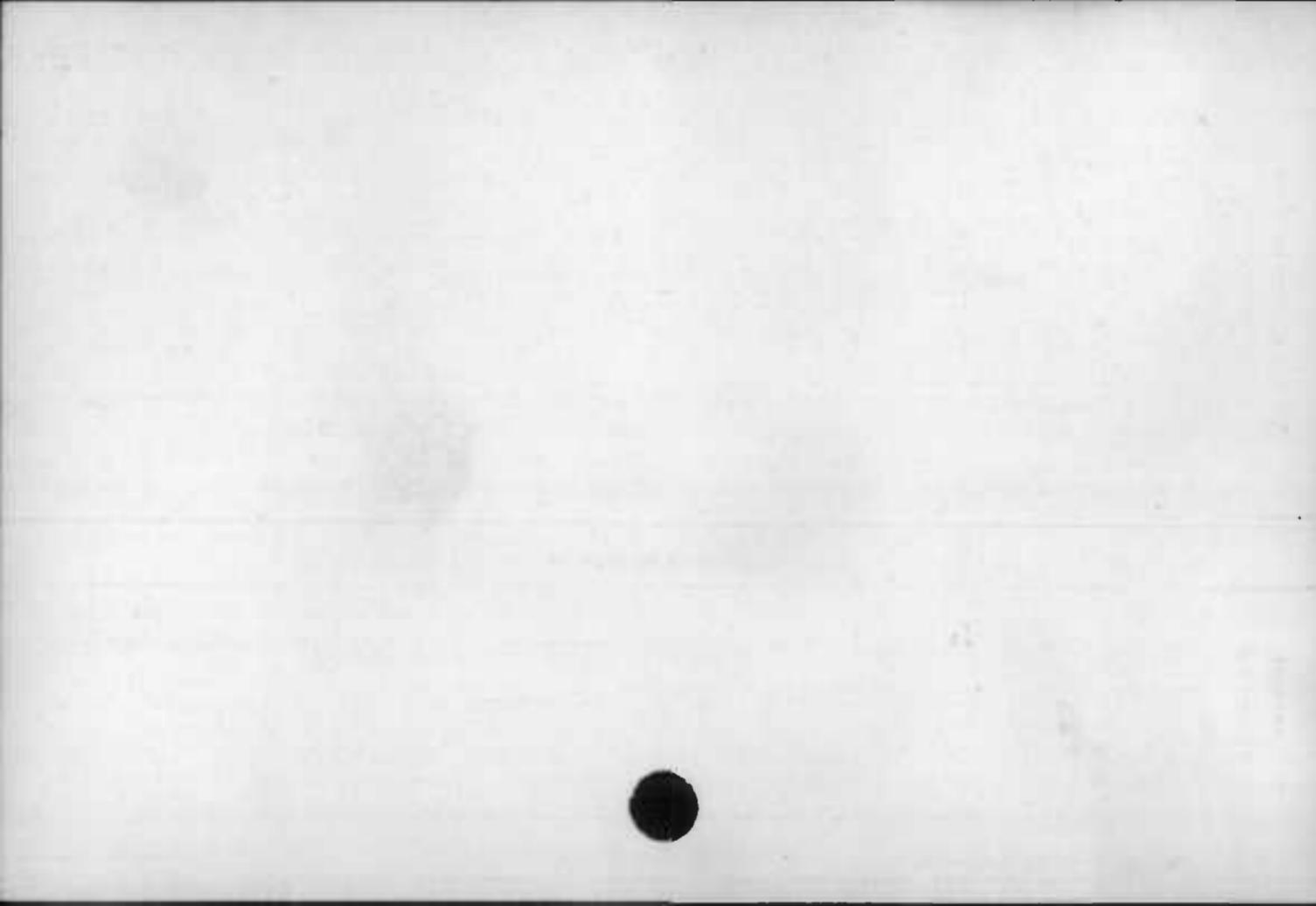
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lisbon</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death	<u>19</u> <small>Month</small>	<u>10</u> <small>Day</small>	<u>Nov</u> <small>Year</small>	<u>60</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Howard Co Md.</u>
Occupation	<u>House Keeper</u>		Where Reading if not at place of death	<u>Lisbon</u>	
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	—		
Father's Name	<u>Ralph Leach</u>			Father's Birthplace	<u>England</u>
Mother's Maiden Name	<u>Rachel Hobbs</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Wm John Porter</u>			How related to deceased	<u>Wife</u>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Progressive Paralysis</u>	How long	<u>66</u> ✓ <u>two years</u>
	Immediate	<u>Heart failure</u>	How long	<u>four hours</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. W. Sims M.D.</u>
			Address	<u>Chillicothe</u>
	Accident or Suicide?			



Name
In Full

Lillian Loman

CERTIFICATE OF DEATH

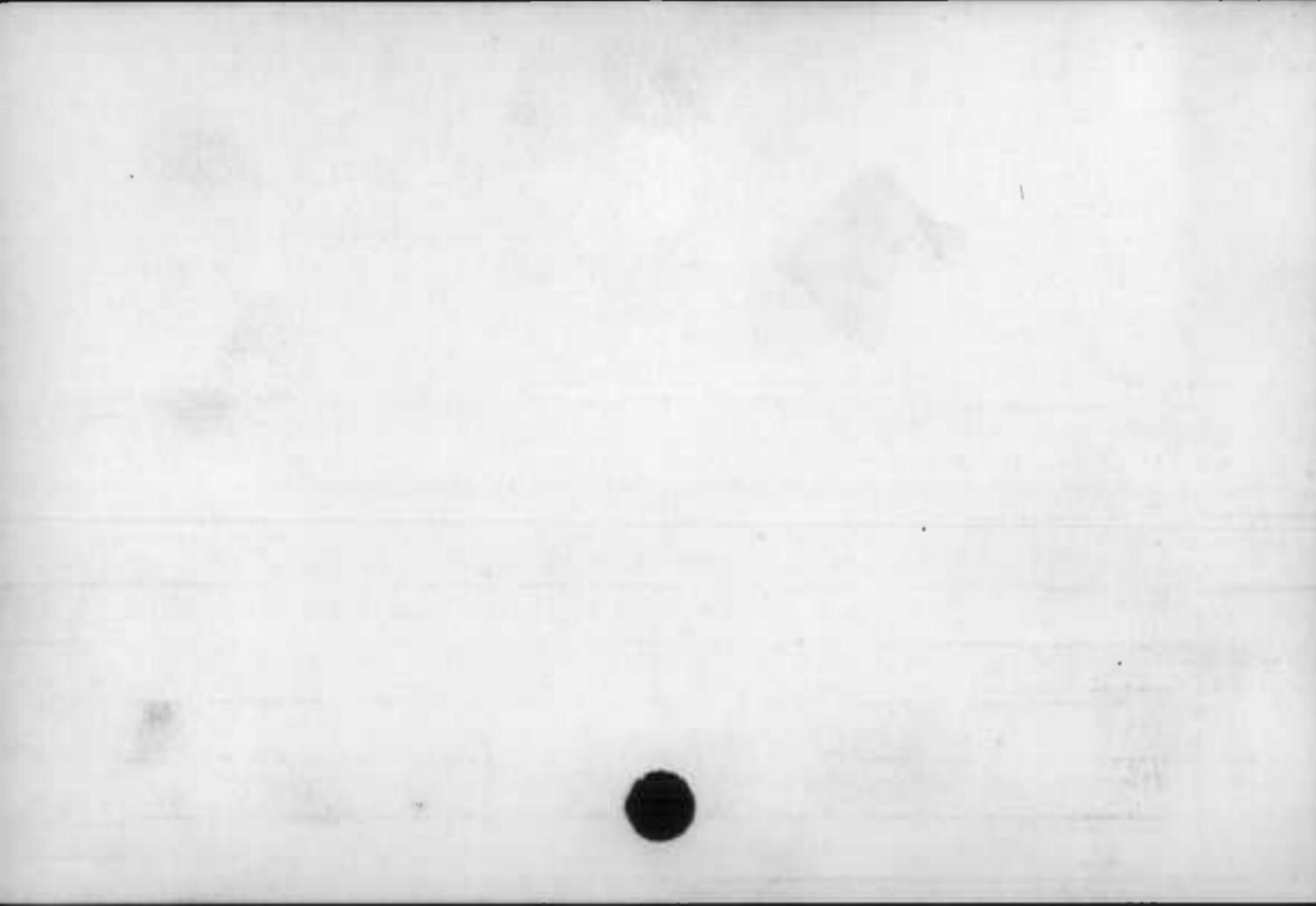
TO BE ANSWERED BY
NEAREST FRIEND

Died at		City		County		STATE	
Date of death		Year	Month	Day	Age	Years	Months
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Mother's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	3 Weeks
Immediate	Cholera Infantum	How long	3 Hours
Are the name, age, sex, color, date and place correctly given above?		Signature of <u>Edward A. Rodey</u>	
		Address <u>Acting Coroner</u>	
Resident or Suburban?			



Name in Full **John Franklin Mayfield** COUNTY **Howard** CERTIFICATE OF DEATH ✓

Died at **Elliott City** TOWN **Howard** COUNTY **Howard** MARYLAND

Date of death **1910 Aug. 24** Age **—** Months **10** Days **12**

Sex **Male** Color or Race **White** Birth-place **Md.**

Occupation **Stone** Where Residing If not at place of death **Elliott City**

Married, Single or Widowed **Single** Name of Wife or Husband **None**

Father's Name **Thomas Hunt Mayfield** Father's Birthplace **Md.**

Mother's Maiden Name **Edna Bierly** Mother's Birthplace **Md.**

Name of person giving Information **Thomas Hunt Mayfield** How related to deceased **Father**

CAUSES OF DEATH

Primary **Enterocolitis** How long **5 weeks**

Immediate **asthenia** How long **3 weeks**

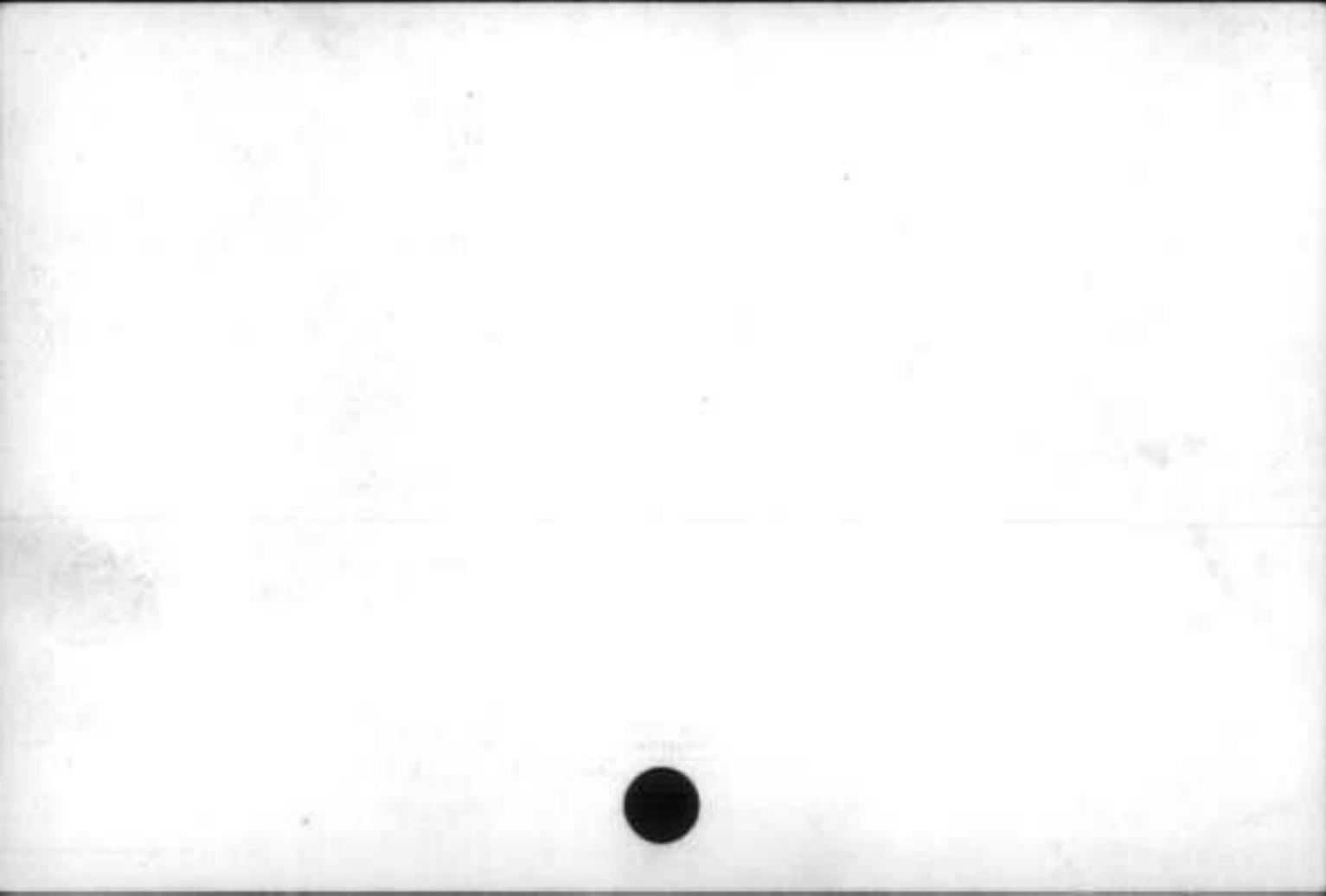
Are the name, age, sex, color, date and place correctly given above? **yes** Signature of Physician **W. B. Gaubill**

Address **Elliott City, Md.**

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

John Henry Dolynsbaum

CERTIFICATE OF DEATH

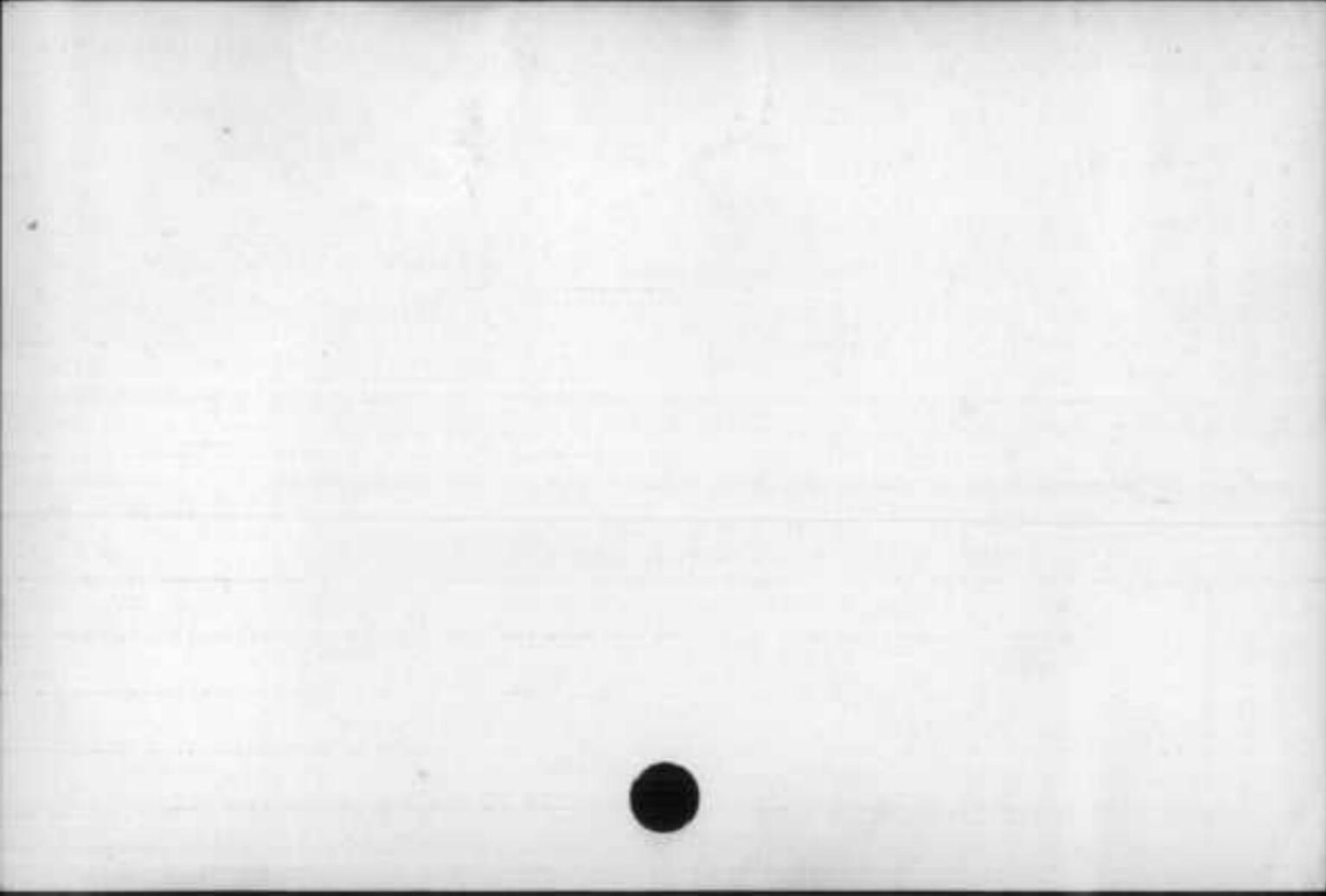
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Suiford		Howard		MARYLAND	
Date of death		1916	Month 8	Day 31	Age	Years 7	Months 20
Sex		male		Color or Race		white	
Occupation		Infant		Where Residing if not at place of death		—	
Married, Single or Widowed		single		Name of Wife or Husband		—	
Father's Name		Sergeant Dolynsbaum		Father's Birthplace		Md	
Mother's Maiden Name		Elizabeth Nicolai		Mother's Birthplace		Md	
Name of person giving information		Sergeant Dolynsbaum		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Gastro-Intestinal Infection		How long		2 mo	
Immediate		Exhaustion		How long		prognosis	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. H. Savage M.D.	
				Address		Savage Md	
Accident or Suicide?		within					



Name
in
Full

James W. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Dawn		County Howard		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1960		July	18	18		4	
Sex		Color or Race		Birth-place			
Male		Black		Ma			
Occupation				Where Residing if not at place of death			
None				New Dawn			
Married, Single		Name of Wife or Husband		Father's Birthplace			
Married		Lat.		None		Ma	
Father's Name				Mother's Birthplace			
Randolph Moore				Ma			
Mother's Maiden Name				Mother's Birthplace			
Emma J. Henson				Ma			
Name of person giving Information				How related to deceased			
Randolph Moore				Father			

CAUSES OF DEATH

Primary: Gastro-Enteritis 104 How long 19th.

Immediate: How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

[Signature]
Dawn
Md

Accident or Suicide

No

Foster & Pharr

Interim at Bacon's Landing

G. G. C.

Name
in
Full

Willie Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Guilford</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death 19 <i>60</i>	<i>Aug.</i> <small>Month</small>	<i>15</i> <small>Day</small>	<i>one</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>29</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-Place <i>Guilford</i>		Occupation <i>none</i>	
Where Residing if not at place of death <i>Guilford</i>		Name of Wife or Husband <i>single</i>			
Father's Name <i>Walter Moore</i>		Father's Birthplace <i>Guilford</i>			
Mother's Maiden Name <i>Dwena Stallard</i>		Mother's Birthplace <i>Guilford</i>			
Name of person giving information <i>Walter Moore</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping cough</i>	How long <i>2 weeks -</i>
Immediate <i>Dysentery</i>	How long <i>2 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>	Signature of Physician <i>Chesb. T. Ambler</i>
Accident or Suicide? <i>Neither</i>	Address <i>Guilford Md.</i>



Name
in
Full

Frederick Reis

CERTIFICATE OF DEATH ✓

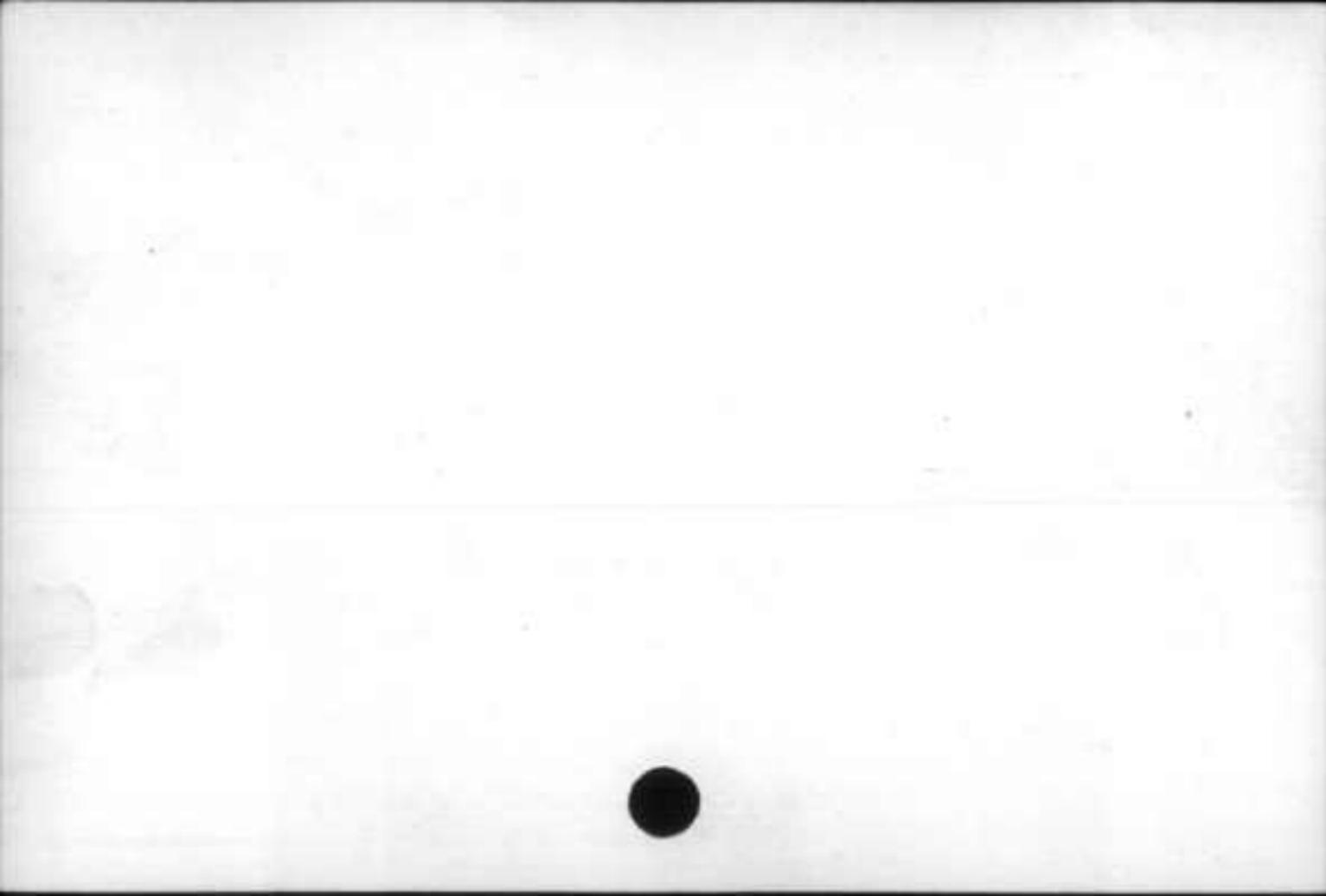
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Ellicott City</i>		^{County} <i>Howard</i>		MARYLAND	
Date of death 19 <i>60</i> ^{Month} <i>Aug.</i> ^{Day} <i>6th</i>		Age ^{Years} <i>60</i>		^{Months} <i>—</i> ^{Days} <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Catherine Dorsch</i>				How related to deceased <i>None</i>	

CAUSES OF DEATH

Primary <i>Nephritis.</i>		How long <i>(120) Unknown</i>
Immediate <i>Acute Alcoholism</i>		How long <i>two weeks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward A Rodley</i>
<i>Yes</i>		Address <i>Ellicott City Md</i>
Accident or Suicide		<i>Acting Coroner</i>

PHYSICIAN
OR CORONER



Name
in
Full

William Louis Scribner

CERTIFICATE OF DEATH ✓

Died at

Oella ^{Town}

County

Howard

MARYLAND

Date
of death

1940

Month

Aug.

Day

3

Years

Age no

Months

6

Days

-27

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

None

Where Residing if not
at place of death

Oella Howard, Md.

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Henry Delany Scribner

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Elizabeth Cafferty

Mother's
Birthplace

Md.

Name of person giving
Information

Henry Delany Scribner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Follicular Enteritis

How long

3 weeks

Immediate

Asthma

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W.C. Shain

Address

2 Elliott City

Accident or Suicide



Name in Full

John Albert Smallwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} *man Savage* ^{County} *Horton* MARYLAND

Date of death 1910 ^{Month} 8 ^{Day} 7 ^{Age} ^{Years} 1 ^{Months} 1 ^{Days}

Sex *male* Color or Race *white* Birth-place *M.D.*

Occupation *Infant* Where Residing if not at place of death *at home*

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *Arthur G. Smallwood* Father's Birthplace *M.D.*

Mother's Maiden Name *Alberta M. Hopper* Mother's Birthplace *M.D.*

Name of person giving information *Arthur G. Smallwood* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN OR CORONER

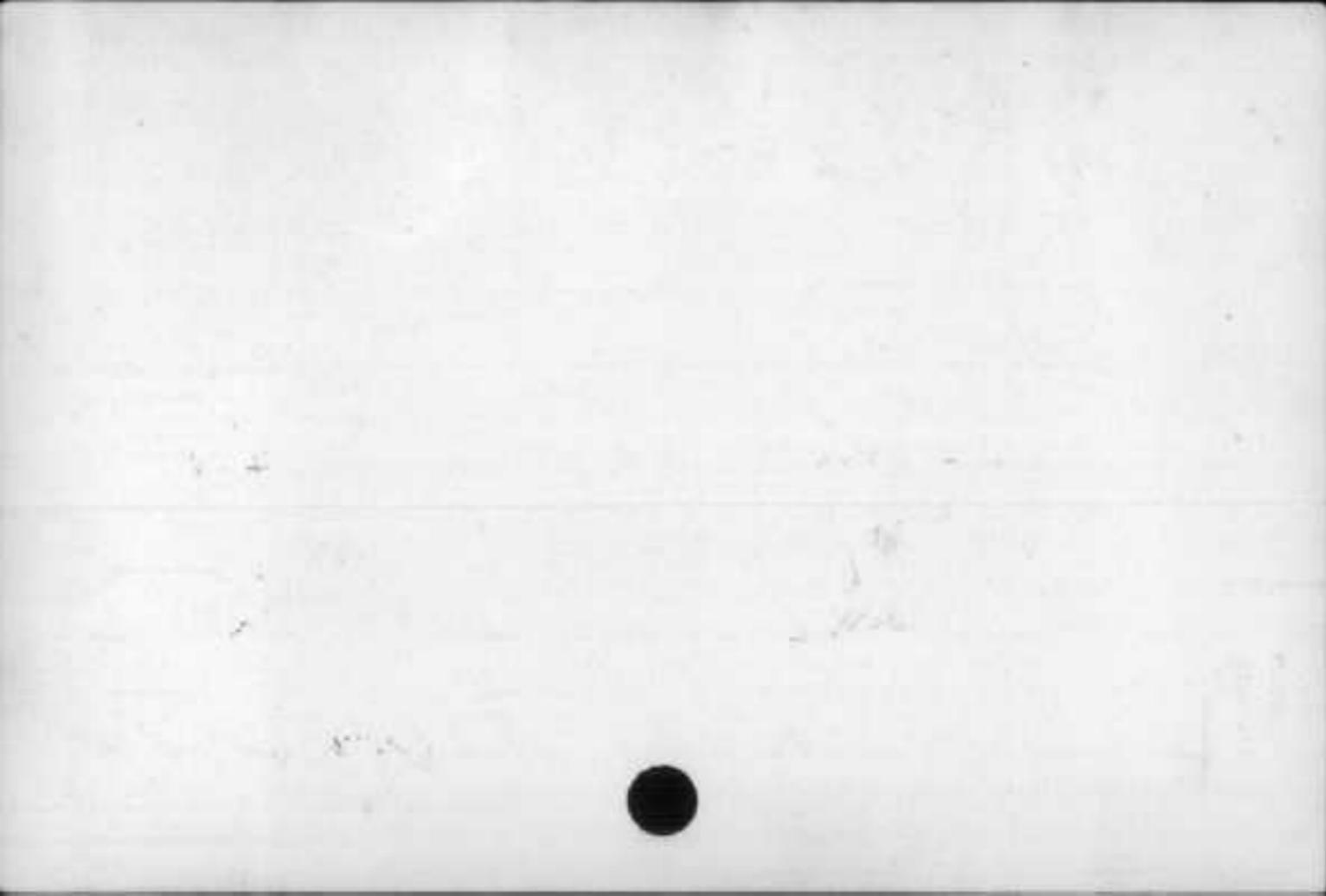
Primary *Eulerio. Colitic* How long *10 4/1 v*

Immediate *Exhaustion* How long *to make progressive*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Whittier M.D.*

Address *Savage M.D.*

Accident or Suicide? *no*



Name
in
Full

Lellis R. Parker

CERTIFICATE OF DEATH

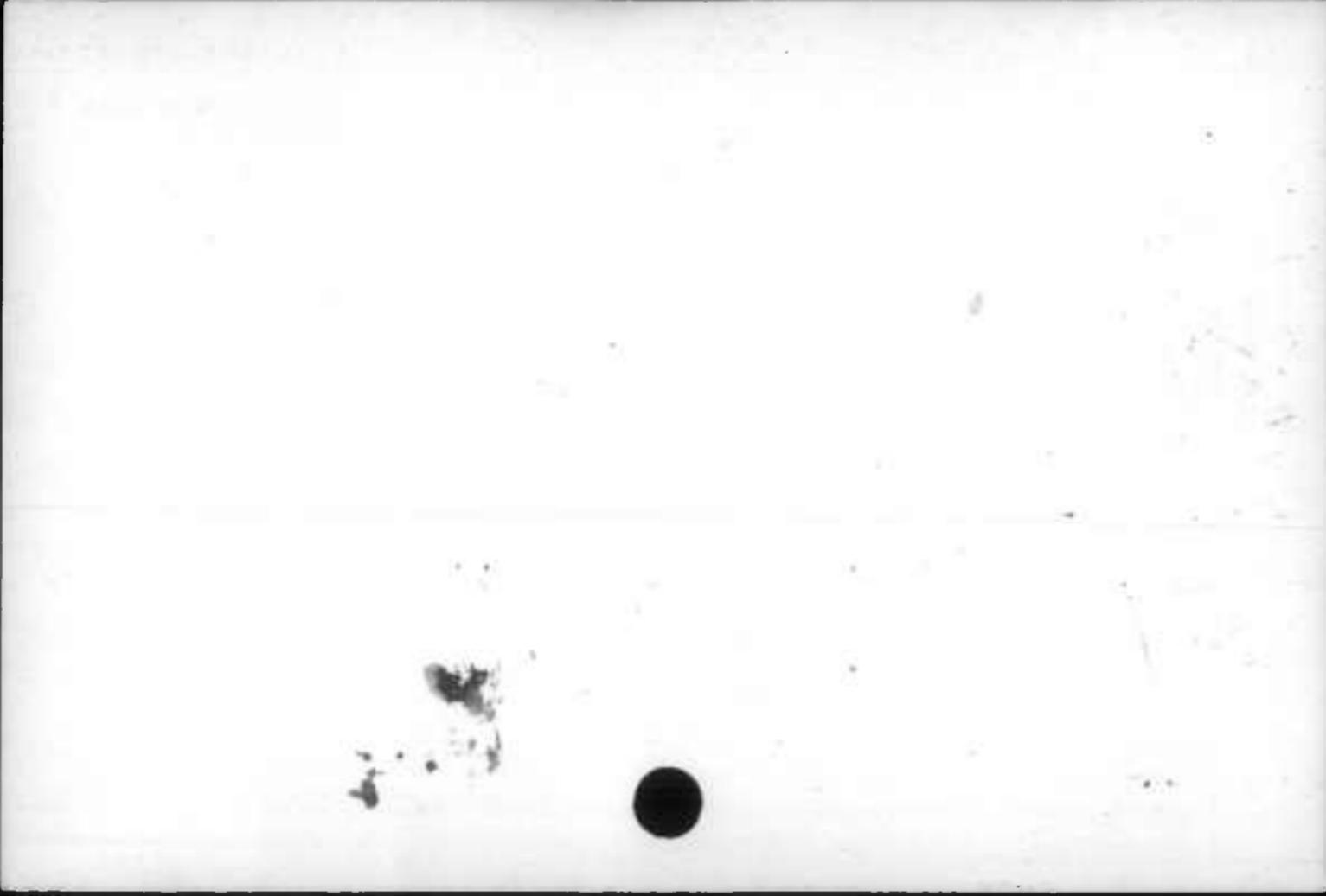
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Coakville</i>		^{County} <i>Howard W</i>		MARYLAND	
Date of death 19 <i>80</i>	^{Month} <i>Aug</i>	^{Day} <i>13</i>	Age ^{Years}	^{Months} <i>3</i>	^{Days} <i>no</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Coakville, Md</i>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Winfield Parker</i>	Father's Birthplace <i>Howard Co</i>				
Mother's Maiden Name <i>Margaret V Denny</i>	Mother's Birthplace <i>Howard W</i>				
Name of person giving Information <i>Shank R Darby</i>	How related to deceased <i>Grand mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Thromb</i>	How long <i>99</i> ✓ <i>thrombosis</i>
Immediate <i>Immer action & heart failure</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. S. M. D.</i>
	Address <i>Glenwood Md.</i>
Accident or Suicide	



Name
In
Full

Theodore Thorne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Glenridge ^{Town} Leonard ^{County} MARYLAND

Date of death: 1960 ^{Month} August ^{Day} 5 - ^{Age} 5 ^{Years} 10 ^{Months} 6 ^{Days}

Sex: Male Color or Race: Black Birth-place: Md.

Occupation: None Where Residing if not at place of death: _____

Married, Single or Widowed: Single Name of Wife or Husband: None

Father's Name: John Thorne Father's Birthplace: Md.

Mother's Maiden Name: Do not know Mother's Birthplace: Do not know

Name of person giving information: S.A. Nichols How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: Whooping Cough How long: 2 weeks

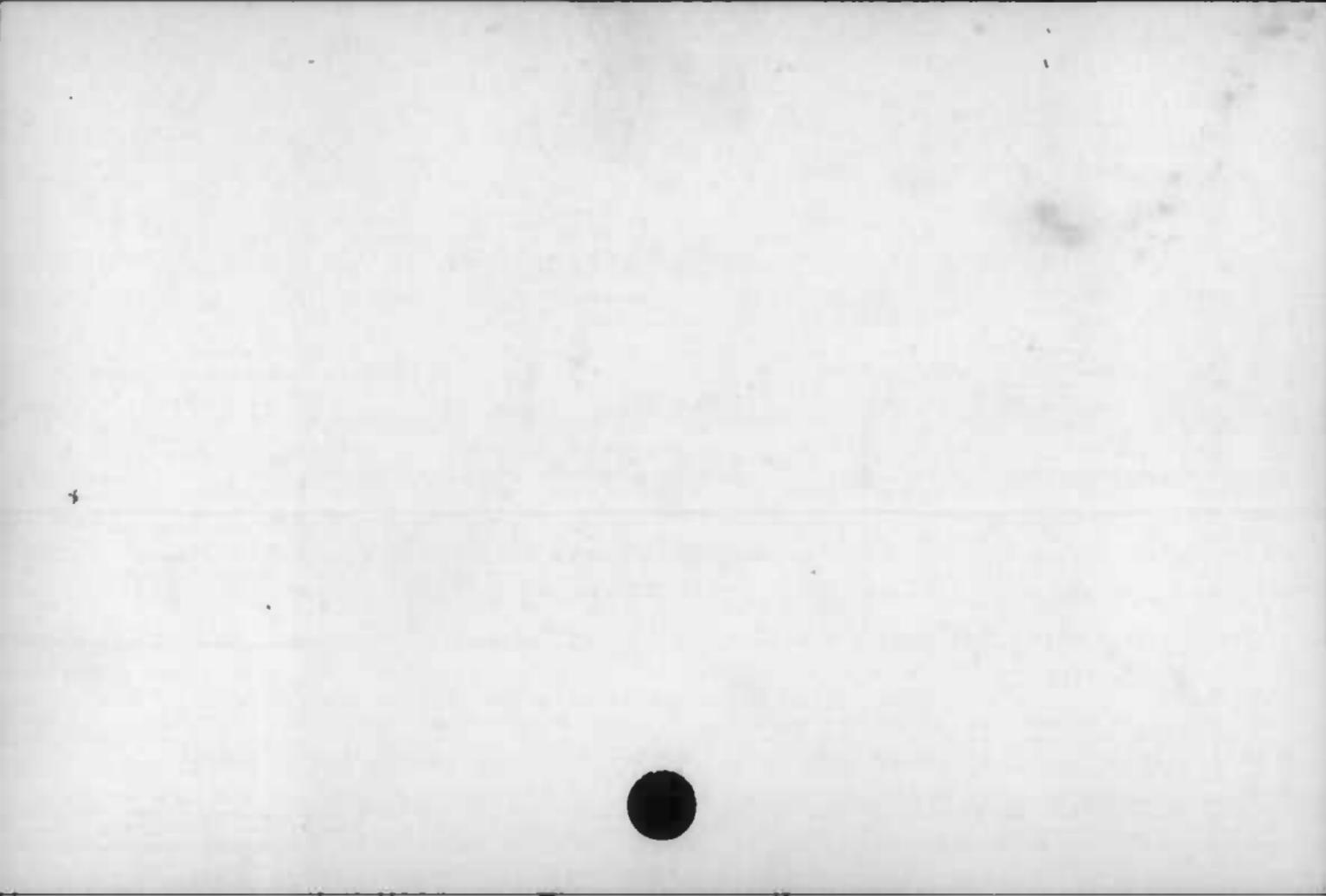
Immediate: Pneumonia How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: S.A. Nichols

Address: Dayton Md

Accident or Suicide? No



Name in Full

Agnes Marie Hall

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY NEAREST FRIEND

Died at Ellicott City ^{Town} Howard ^{County} MARYLAND

Date of death 1980 Aug. 12 ^{Month} ^{Day} Age — ^{Years} 4 ^{Months} 12 ^{Days}

Sex Female Color or Race Colored Birth-place MD

Occupation None Where Residing if not at place of death Ellicott City

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Clay Hall Father's Birthplace MD

Mother's Maiden Name Mattie Poole Mother's Birthplace North Carolina

Name of person giving Information Clay Hall How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Intestinal Indigestion 2 wks ^{How long}

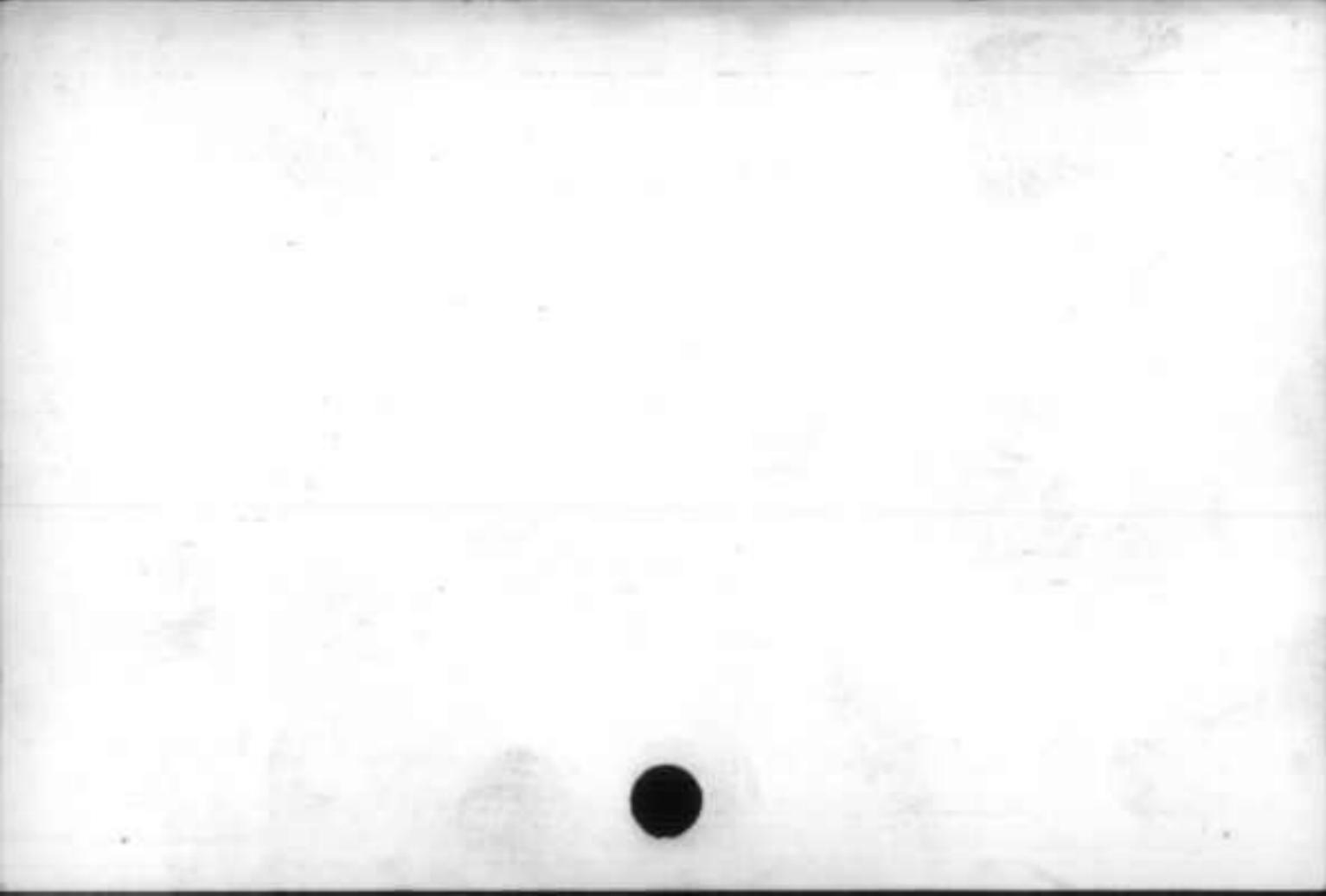
Immediate Aspiration Progressive ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W. C. Shum

Address Ellicott City

Accident or Suicide



Name
in
Full

Sarah E. F. Water

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Armas - Md* Town *Howard* County

Date of death *1910* Month *Aug* Day *2nd* Age *59* Years Months *9* Days *2*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housekeeper* Where Residing If not at place of death *at her home*

Married, Single or Widowed *widow* Name of Wife or Husband *Isiah Waters*

Father's Name *Mr F. W. King* Father's Birthplace *England*

Mother's Maiden Name *Elizabeth White* Mother's Birthplace *Md*

Name of person giving information *Grace King* How related to decedent *niece*

CAUSES OF DEATH

(43)

PHYSICIAN
OR CORONER

Primary *Carcinoma of Breast* How long *3 1/2 years*

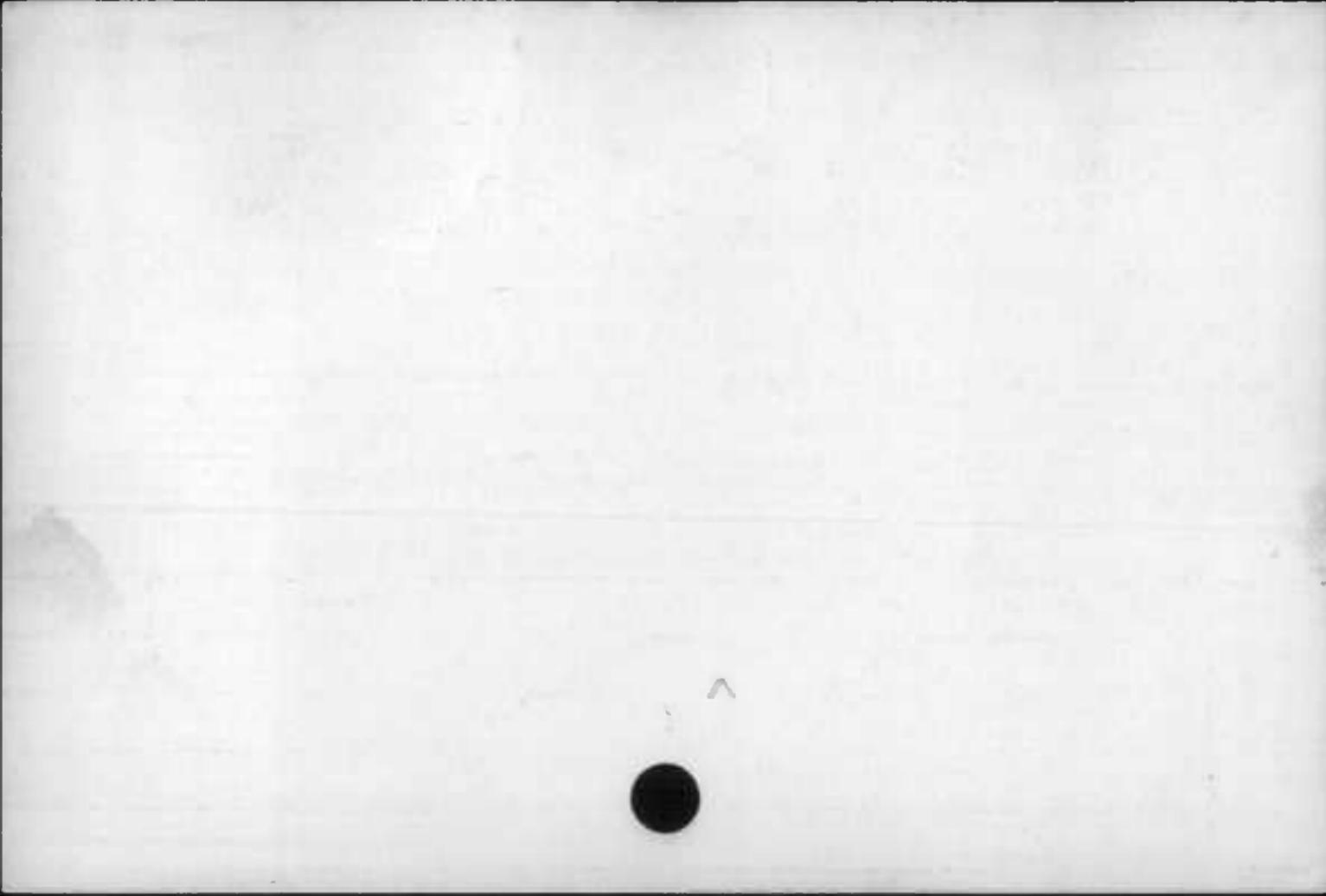
Immediate *Exhaustion* How long *progressive*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Whitman, Md*

Address *Savage Md*

Accident or Suicide? *no*



Name
in Full

Edith Rosella Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Guilford		^{County} Howard		MARYLAND	
Date of death	1960	Month	Aug	Day	18 th
Age		Years		Months	7
Sex	Female	Color or Race	white	Birth place	near Guilford
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Chas Wells	Father's Birthplace	Howard Co.		
Mother's Maiden Name	Henrietta E. Schlippegrill	Mother's Birthplace	Howard Co.		
Name of person giving Information	Chas Wells	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	2 weeks -
Immediate	Inanition	How long	4 weeks -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. Tumbleson
Accident or Suicide	murder	Address	Guilford Md.

